

SENATE BILL 851

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SB 705/09 – FIN

0lr2272

By: **Senators Pugh, Forehand, Garagiola, Harrington, Jones, Klausmeier, Lenett, Madaleno, McFadden, Peters, and Raskin**
Introduced and read first time: February 11, 2010
Assigned to: Rules

A BILL ENTITLED

1 AN ACT concerning

2 **Maryland Health Improvement and Disease Prevention Act**

3 FOR the purpose of establishing a Blue Ribbon Commission on Health Improvement
4 and Disease Prevention; providing for the membership, purpose, chair, staff,
5 and reimbursement of the Commission; requiring the Commission to consider
6 and make recommendations on certain incentives; requiring the Commission to
7 report its findings and recommendations to the Governor and General
8 Assembly; providing for the termination of this Act; and generally relating to a
9 Blue Ribbon Commission on Health Improvement and Disease Prevention.

10 Preamble

11 WHEREAS, In 2007, 62.7 percent of Maryland respondents to the Centers for
12 Disease Control and Prevention's Behavioral Risk Factor Surveillance Survey were
13 overweight or obese; and

14 WHEREAS, The National Governors Association's Report on Healthy Living
15 states that "One in three Maryland babies born in 2001 will develop diabetes during
16 their lifetime, or a third of today's first graders will be tomorrow's diabetes patients";
17 and

18 WHEREAS, Based on a study conducted by researchers and economists from
19 Johns Hopkins University and the Centers for Disease Control and Prevention,
20 Maryland's obesity-attributable medical expenditures were estimated at \$1.53 billion
21 in 2004; and

22 WHEREAS, The Centers for Disease Control and Prevention estimates that
23 health care costs directly associated with inactivity were \$76.6 billion in 2000; and

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.



1 WHEREAS, The federal Medical Expenditure Panel Survey estimates that in
2 2003 it cost \$277 billion to treat cancer, heart disease, hypertension, mental disorders,
3 diabetes, pulmonary conditions, and stroke in noninstitutionalized Americans; and

4 WHEREAS, The Johns Hopkins University Partnership for Solutions, in their
5 2004 update to the study “Chronic Conditions: Making the Case for Ongoing Care”,
6 found that more than half of all Americans suffer from one or more chronic diseases;
7 and

8 WHEREAS, The New England Journal of Medicine, in the 2007 article
9 “Explaining the Decrease in Deaths from Coronary Disease”, reported that disease
10 rates have risen dramatically, threatening to cancel out health care gains made over
11 the past decades; and

12 WHEREAS, The Milken Institute 2007 study entitled “An Unhealthy America:
13 The Economic Burden of Chronic Disease” found Maryland to be the 23rd least
14 healthy state, as judged by its State Chronic Disease Index; and

15 WHEREAS, The study “Cost Effectiveness of Community–Based Physical
16 Activity Interventions”, published in the Journal of Preventive Medicine in December
17 2008, found that there is clear evidence to link physical inactivity with increased risk
18 of many chronic diseases, including coronary heart disease (CHD), ischemic stroke,
19 type 2 diabetes, breast cancer, and colorectal cancer; and

20 WHEREAS, That same study found the negative health effects of physical
21 inactivity are paralleled by staggering economic consequences resulting in the annual
22 cost directly attributable to inactivity in the U.S. to be an estimated \$24 billion to \$76
23 billion, or 2.4 percent to 5 percent of national health care expenditures; and

24 WHEREAS, The Trust for America’s Health in its report “Prevention for a
25 Healthier America” found that an investment of \$10 per person per year in proven
26 community–based programs to increase physical activity, improve nutrition, and
27 prevent smoking could save the country more than \$16 billion annually; and

28 WHEREAS, That same study found that the potential annual net savings and
29 return on investment for Maryland with 5 years of spending \$10 per capita in disease
30 prevention programs would yield \$332 million in savings or a return on investment of
31 6 to 1; now, therefore,

32 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
33 MARYLAND, That:

34 (a) There is a Blue Ribbon Commission on Health Improvement and Disease
35 Prevention.

36 (b) The purpose of the Commission is to consider incentives to help State
37 residents improve their health and mitigate their risk of debilitating disease.

1 (c) The Commission consists of the following members:

2 (1) two members of the Senate of Maryland, appointed by the
3 President of the Senate;

4 (2) two members of the House of Delegates, appointed by the Speaker
5 of the House; and

6 (3) one member appointed by the Governor.

7 (d) The Commission shall elect a chair from among its members.

8 (e) The Department of Health and Mental Hygiene shall provide staff for the
9 Commission.

10 (f) A member of the Commission:

11 (1) may not receive compensation as a member of the Commission; but

12 (2) is entitled to reimbursement for expenses under the Standard
13 State Travel Regulations, as provided in the State budget.

14 (g) The Commission shall consider and make recommendations on incentives
15 to:

16 (1) combat childhood obesity, including a tax deduction for parents of
17 children participating in a qualified program designed to combat childhood obesity;

18 (2) reduce smoking and tobacco use, including a tax deduction for
19 participants in qualified smoking and tobacco cessation programs;

20 (3) promote senior fitness and wellness, including a tax deduction for
21 seniors with qualified fitness and wellness expenses;

22 (4) promote adult physical activity, including a tax deduction for
23 qualified physical fitness expenses such as exercise equipment and participation in a
24 health and physical fitness program; and

25 (5) promote healthy weight loss, including a tax deduction for
26 participation in qualified weight loss programs.

27 (h) The Commission shall also consider and make recommendations on how
28 incentives can create a sense of personal responsibility for improving health and
29 promote a climate for a healthy Maryland.

30 (i) On or before January 1, 2011, the Commission shall report its findings
31 and recommendations to the Governor and, in accordance with § 2-1246 of the State
32 Government Article, the General Assembly.

1 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
2 July 1, 2010. It shall remain effective for a period of 1 year and, at the end of June 30,
3 2011, with no further action required by the General Assembly, this Act shall be
4 abrogated and of no further force and effect.